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Number of pages including cover letter:

9

Date:

July 7, 2006

From:

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Unit	Company	City	Fax
<b>ART UNIT 2633</b> Examiner: Nathan M CURS	United States Patent Office Facsimile Centre	Alexandria, VA	571-273-8300

Re: Serial No. 09/975,985

Inventor(s): Kim B. ROBERTS

Title: MEASUREMENT POLARIZATION DEPENDENT LOSS IN AN  
OPTICAL TRANSMISSION SYSTEM

### **TYPE OF DOCUMENT SUBMITTED**

Response to Office Action of March 7, 2006

### **CONTENTS OF SUBMISSION**

	Pages
<input checked="" type="checkbox"/> Transmittal form PTO/SB/21	1
<input checked="" type="checkbox"/> Fee Transmittal form PTO/SB/17 (in duplicate)	2
<input checked="" type="checkbox"/> Response	5
<b>Total Pages 8</b>	

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

09/975,985

Filing Date

10/15/2001

First Named Inventor

Kim B. ROBERTS

Art Unit

2633

Examiner Name

Nathan M. CURS

Attorney Docket Number

9-13528-152US

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	OGILVY RENAULT LLP		
Signature			
Printed name	Kent Daniels		
Date	July 7, 2006	Reg. No.	44,208

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kent Daniels	Date	July 17, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :	Attorney Docket No.
Kim B. Roberts et al.	9-13528-152US
Serial No: 09/975,985	Group Art Unit: 2633
Filed: 10/15/2001	Examiner: Nathan M. CURS
For: Measurement of Polarization Dependent Loss in an Optical Transmission System	

**Mail Stop Amendment**

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA  
22313-1450 U.S.A.

Sir:

**AMENDMENT UNDER 37 C.F.R § 1.111**

In response to the Office Action mailed March 7, 2006, the one month extended period for response being July 7, 2006, please consider the following Remarks/Arguments which begin on page 2 of this paper.

07/10/2006 ZJUHAR1 00000041 195113 09975985  
01 FC:1251 120.00 DA

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4918).  
**FEE TRANSMITTAL**  
For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**120**

## Complete If Known

Application Number	09/975,985
Filing Date	10/15/2001
First Named Inventor	Kim B. ROBERTS
Examiner Name	Nathan M. CURS
Art Unit	2633
Attorney Docket No.	9-13528-152US

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

 Deposit Account: Deposit Account Number: **19-5113** Deposit Account Name: **Ogilvy Renault LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
- 20 or HP =	x	=		50 25
HP = highest number of total claims paid for, if greater than 20.				200 100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360 180
- 3 or HP =	x	=		

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **1251.1 Month Extension of Time**

Fee Paid (\$)

**120**

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,206
Name (Print/Type)	Kent Daniels	Date	Telephone 613-780-8673

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